

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Crossroads Grassroots Policy Strategies</b>		3. FEC Identification Number <b>C</b> <b>C90011719</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 34413		
(c) City, State and ZIP Code Washington DC 20043		
2. Occupation and Name of Employer (for Individual Filers Only)		

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☐ 24-Hour Report  
☐ October 15 Quarterly Report ☒ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y
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## 5. COVERING PERIOD:

FROM 

M M	/	D D	/	Y Y Y Y Y Y
10		07		2014

THROUGH 

M M	/	D D	/	Y Y Y Y Y Y
10		13		2014

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	1053387.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Caleb Crosby

SIGNATURE

Caleb Crosby

DATE

[Electronically Filed]

10/07/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Crossroads Grassroots Policy Strategies

Full Name (Last, First, Middle Initial) of Payee

Main Street Media

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 07 / 2014

Mailing Address P.O. Box 25093

Amount

1033416.72

City State Zip Code  
Alexandria VA 22313

Transaction ID : 1

Purpose of Expenditure  
TV / Media PlacementCategory/  
TypeOffice Sought: ☐ House State: KY  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Alison Lundergan GrimesCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1409495.87Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DMM Media

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 07 / 2014Mailing Address 1911 N. Fort Myer Drive  
Ste 400

Amount

19970.91

City State Zip Code  
Arlington VA 22209

Transaction ID : 2

Purpose of Expenditure  
TV / Media ProductionCategory/  
TypeOffice Sought: ☐ House State: KY  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Alison Lundergan GrimesCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1409495.87Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1053387.63

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 1053387.63  
(carry total from last page forward to Line 7)